

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

<p>The SPAC Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 14</p>
<p>3 COMMITTEE NAME Our Town Austin</p>			<p>OFFICE USE ONLY</p>
<p>4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address</p>			<p>Date Received</p>
<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 W Anderson Ln C200 #132 Austin, TX 78757</p>			<p>OCC RECEIVED AT JAN 13 '20 PM3:01</p>
<p>5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address</p>			<p>Date Hand-delivered or Date Postmarked</p>
<p>MS / MRS / MR FIRST MI SHARON</p> <p>NICKNAME LAST SUFFIX BLITHE</p>			<p>Receipt # Amount \$</p>
<p>6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)</p>			<p>Date Processed</p>
<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9206 BRIGADOON COVE AUSTIN, TX 78750</p>			<p>Date Imaged</p>
<p>7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>			
<p>STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>8 CAMPAIGN TREASURER PHONE</p>			
<p>AREA CODE PHONE NUMBER EXTENSION (512) 789-6152</p>			
<p>9 REPORT TYPE</p> <p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination</p>			
<p>10 PERIOD COVERED</p> <p>Month Day Year THROUGH Month Day Year 10 / 28 / 19 THROUGH 12 / 31 / 19</p>			
<p>11 ELECTION</p> <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</p>			

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME

Our Town Austin

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

OFFICEHOLDER

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

*RECALL CM DIST 9 KATHIE TOYO, RECALL CM DIST 8
PAUL ELLIS, RECALL CM DIST 5 ANN KITCHEN
RECALL CM DIST 3 - SABINO RENTERIA, RECALL CM DIST 1
NATASHA HARPER MADISON, RECALL MAYOR STEVE ADLER*

15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ *598.59*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2,251.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *119.82*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,301.38*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

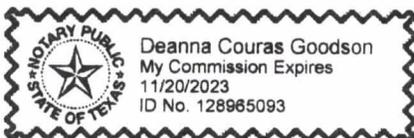
\$ ~~*2,263.63*~~
2,263.63

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

X Sharon Blythe
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sharon Blythe*, this the *8th* day of *January*, 20 *20*, to certify which, witness my hand and seal of office.

Deanna Goodson
Signature of officer administering oath

Deanna Goodson
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>ONE TOWN AUSTIN</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2,251.20</i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>3,301.38</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/19

5 Full name of contributor out-of-state PAC (ID#: _____)

BRIAN VAUGHAN

7 Amount of contribution (\$)

26.27

6 Contributor address; City; State; Zip Code

**9600 ESCARPMENT AUSTIN TX 78749
B1, STE 745 PMB #113**

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

SELF

Date

10/28/19

Full name of contributor out-of-state PAC (ID#: _____)

GARY TEAL

Amount of contribution (\$)

25

Contributor address; City; State; Zip Code

**609 CLAYTON LN, AUSTIN TX 78752
APT 312**

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor out-of-state PAC (ID#: _____)

FRANKLIN VAN OS

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

1804 NEWTON ST AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

self

Employer (See Instructions)

self

Date

10/30/19

Full name of contributor out-of-state PAC (ID#: _____)

JAMES MACKIE

Amount of contribution (\$)

26.27

Contributor address; City; State; Zip Code

4807 WOODVIEW AVE AUSTIN TX 78756

Principal occupation / Job title (See Instructions)

GEOLOGIST

Employer (See Instructions)

ATX ENERGY PARTNERS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/19

5 Full name of contributor

CHARLES LOFLIN

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50

6 Contributor address;

1305 MONET DR

City;

AUSTIN

State;

TX

Zip Code

78726

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor

SHARON BLYTHE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

350

Contributor address;

9206 BRIGADOON CV

City;

AUSTIN

State;

TX

Zip Code

78750

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/30/19

Full name of contributor

GREG HUGHES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

5002 WING RD

City;

AUSTIN

State;

TX

Zip Code

78749

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

10/31/19

Full name of contributor

DEBRA TAGGART

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

26.27

Contributor address;

11803 MUSTANG
CHASE

City;

AUSTIN

State;

TX

Zip Code

78727

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/19

5 Full name of contributor out-of-state PAC (ID#: _____)

KERRY ANN ODEM

7 Amount of contribution (\$)

52.23

6 Contributor address; City; State; Zip Code
12221 TAWNY FARMS RD AUSTIN TX 78748

8 Principal occupation / Job title (See Instructions)

FINANCIAL CONSULTANT

9 Employer (See Instructions)

SELF

Date

11/1/19

Full name of contributor out-of-state PAC (ID#: _____)

STACY WHEELLEY

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code
2320 WILLOW ST A AUSTIN TX 78702

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

NTRA

Date

11/2/19

Full name of contributor out-of-state PAC (ID#: _____)

WEI LI

Amount of contribution (\$)

26.27

Contributor address; City; State; Zip Code
8124 LADERA VERDE DRIVE AUSTIN TX 78702

Principal occupation / Job title (See Instructions)

COMPUTER ENGINEER

Employer (See Instructions)

INTEL

Date

11/7/19

Full name of contributor out-of-state PAC (ID#: _____)

DREW BUCCI

Amount of contribution (\$)

114.54

Contributor address; City; State; Zip Code
10005 ROCKING HORSE RD AUSTIN TX 78748

Principal occupation / Job title (See Instructions)

INSURANCE ADJUSTER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/8/19

5 Full name of contributor

PAT EURE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

26.27

6 Contributor address;

3803 MT BONNELL RD

City;

AUSTIN

State;

TX

Zip Code

78741

8 Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASST

9 Employer (See Instructions)

SELF

Date

11/14/19

Full name of contributor

KAREN BUCK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

26.27

Contributor address;

1726 TIMBERWOOD DRIVE

City;

AUSTIN

State;

TX

Zip Code

78741

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

UT

Date

11/15/19

Full name of contributor

WYNNE HEXAMER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.23

Contributor address;

1719 FAWN DR

City;

AUSTIN

State;

TX

Zip Code

78741

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

TX DEPT OF AGRICULTURE

Date

11/15/19

Full name of contributor

NW AUSTIN REP NWARW

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

8709 TIN ROOF COVE

City;

AUSTIN

State;

TX

Zip Code

78681

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/19

5 Full name of contributor

RUTH HOWARD

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10.70

6 Contributor address;

City;

State;

Zip Code

4900 Interlochen Lane Austin TX 78747

8 Principal occupation / Job title (See Instructions)

~~RETIRED~~ RETIRED

9 Employer (See Instructions)

N/A

Date

11/22/19

Full name of contributor

MELISSA DE PAGTER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25

Contributor address;

City;

State;

Zip Code

206 ELISA DR AUSTIN TX 78752

Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

Employer (See Instructions)

BAKER, BOTTS, LLP

Date

11/24/19

Full name of contributor

CHERYL CAROLINA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

31.46

Contributor address;

City;

State;

Zip Code

PO BOX 202345 AUSTIN TX 78720

Principal occupation / Job title (See Instructions)

CLINICAL RESEARCH ASSOCIATE

Employer (See Instructions)

SELF

Date

11/24/19

Full name of contributor

PAMELA FARLEY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

12104 JILL SUE CT AUSTIN TX 78750

Principal occupation / Job title (See Instructions)

none

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/24/19

5 Full name of contributor out-of-state PAC (ID#: _____)

M. PATT

7 Amount of contribution (\$)

50

6 Contributor address; City; State; Zip Code

11605 Coalwood Cv Austin TX 78739

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

11/24/19

Full name of contributor out-of-state PAC (ID#: _____)

JOYCE HOWELL

Amount of contribution (\$)

26.27

Contributor address; City; State; Zip Code

PO BOX 663 KINGSLAND TX 78639

Principal occupation / Job title (See Instructions)

ARTIST

Employer (See Instructions)

SELF

Date

11/24/19

Full name of contributor out-of-state PAC (ID#: _____)

CELESTE WILEY

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

4807 BROKEN ARROW AUSTIN TX 78745
PASS

Principal occupation / Job title (See Instructions)

ENVIRONMENTAL SCIENTIST

Employer (See Instructions)

RETIRED

Date

11/24/19

Full name of contributor out-of-state PAC (ID#: _____)

PATRICIA BRENNAN

Amount of contribution (\$)

52.23

Contributor address; City; State; Zip Code

5909 CAPE CORAL AUSTIN TX 78746
HR

Principal occupation / Job title (See Instructions)

BOOKKEEPER / ACCOUNTING

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/24/19

5 Full name of contributor

BECKY WOOLEY

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

20

6 Contributor address;

13111 LAMPLIGHT VILLAGE AVE

City;

AUSTIN

State;

TX

Zip Code

78727

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

11/24/19

Full name of contributor

SUSAN ALBERTSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

2311 W PARKER LN

City;

AUSTIN

State;

TX

Zip Code

78727

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

CITY WIDE REALTY

Date

11/24/19

Full name of contributor

DAVID D. IVEY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

26.27

Contributor address;

4900 HIBISCUS VALLEY DR

City;

AUSTIN

State;

TX

Zip Code

78739

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

UT

Date

11/24/19

Full name of contributor

MICHAEL BUNGA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

12221 TANGLEWILD #PR

City;

AUSTIN

State;

TX

Zip Code

78758

Principal occupation / Job title (See Instructions)

CLEANER

Employer (See Instructions)

PRO HOOD CLEANING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/19

5 Full name of contributor

BARRETT ALISON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address;

7200 TWILIGHT
MESA DR

City;

AUSTIN

State;

TX

Zip Code

78737

8 Principal occupation / Job title (See Instructions)

PRINCIPAL

9 Employer (See Instructions)

E & PA, Inc

Date

12/1/19

Full name of contributor

PATTI DAVID

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

16827 S RIDGE LN AUSTIN

City;

State;

TX

Zip Code

78734

Principal occupation / Job title (See Instructions)

SALES MANAGER

Employer (See Instructions)

SELF

Date

12/5/19

Full name of contributor

STEVE CHASTAIN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.23

Contributor address;

3501 PEREGRINE
FALCON DR

City;

AUSTIN

State;

TX

Zip Code

78746

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

12/11/19

Full name of contributor

CYNTHIA CAVANAUGH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50

Contributor address;

5300 PAIN CREEK
PKWY

City;

AUSTIN

State;

TX

Zip Code

78759

Principal occupation / Job title (See Instructions)

RANCHER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

12/13/19

5 Full name of contributor

TIMOTHY LOONAM

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

104.15

6 Contributor address;

3160 BEECAVE
RD, STE 200

City;

AUSTIN

State;

TX

Zip Code

78746

8 Principal occupation / Job title (See Instructions)

INSURANCE ADMINISTRATION

9 Employer (See Instructions)

TCST AGENCY, INC

Date

12/22/19

Full name of contributor

MELISSA DE PASTER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25

Contributor address;

206 E. LISA DR

City;

AUSTIN

State;

TX

Zip Code

78752

Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

Employer (See Instructions)

BAKER, BOTTS LLP

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME OUR TOWN AUSTIN	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 12/10/19	5 Payee name OFFICE DEPOT
---------------------------	-------------------------------------

6 Amount (\$) 21.65	7 Payee address; 2620 W Anderson Ln	City; AUSTIN	State; TX	Zip Code 78757
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/12/19	Payee name MANGIA PIZZA
------------------	----------------------------

Amount (\$) 228.41	Payee address; 12001 Burnet Rd, Ste D	City; AUSTIN	State; TX	Zip Code 78758
-----------------------	--	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description NOTARY PARTY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/10/19	Payee name OFFICE DEPOT
------------------	----------------------------

Amount (\$) 30.65	Payee address; 2620 W Anderson Ln	City; AUSTIN	State; TX	Zip Code 78757
----------------------	--------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>OUR TOWN AUSTIN</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>CAROUSEL CHECKS</i>	
6 Amount (\$) <i>48.53</i>	7 Payee address; <i>11152 SW Hwy</i>	City; State; Zip Code <i>Palos Hills IL 60465</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>Checks</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>various</i>	Payee name <i>Deanna Goodson</i>	
Amount (\$) <i>\$2953.15</i>	Payee address; <i>4105 Kilgore Lane</i>	City; State; Zip Code <i>AUSTIN TX 78727</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract labor</i>	Description <i>VIRTUAL ASSISTANT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/1/19</i>	Payee name <i>DONOR BOX</i>	
Amount (\$) <i>18.99</i>	Payee address; <i>5 3rd St, Ste 900</i>	City; State; Zip Code <i>San Francisco CA 94103</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>DONATION PROVIDER</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED